

## Neighborhood Watch Program Block Captain Information Form

Block Captain Name:			
Block Captain Address:			
Contact Phone Number:			
Cell phone:		Fax:	
E-mail address:			
Name of Block Watch:			
Streets included in your area: (Block numbers and name of str	eets)		
	·	_	
		_	
		_	
		_	
		_	
		_	
		_	
		_	
Year block watch was establish	ed:		
Name of co-captain:			
Address:			
Contact Phone Number:			



## El Paso Police Department Neighborhood Watch Meeting Information Form

Block Captain's Na	me:					
Address:						
Phone Number:						
Meeting Date:		Time:				
Location:						
Meeting Number:		1	2	3	4	Other:
Type of Meeting: _						
Guest Speakers: _						
	tion offi ept with MVRC RC HRC	cer. I files re	f you l	nave ar	ny flyer	eting. Give or send this form to rs, please attach them as well. ld. Thank you.





NEIGHBORHOOD WATCH

Name:	
Address:	
Zip Code:	
Contact Phone Number:	
Contact e-mail address:	
(print name) Crime Prevention Unit to release the above Association.	_ will allow the El Paso Police Dept. e information to the Neighborhood Watch
(signature)	
) I do not wish my information to be rele	eased.
(signature)	
) Central CRCC ) Mission Valley MVRC ) Northeast NERC ) Pebble Hills PHRC ) Westside WSRC	